PRINTED: 07/07/2011 FORM APPROVED

CENTERS FOR	R MEDICARE & MEDIC	CAID SERVICES				OM	IB NO. 0938-0391
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUI	LDING	01	COMPI	LETED
		15A014	B. WIN			06/06/2	2011
		1	D. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF	PROVIDER OR SUPPLIEI	R		1	OUTH VERNON STREET		
VERNO	N MANOR CHILDRI	ENS HOME		1	SH, IN46992		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K0000							
	A Life Safety C	ode Recertification	K	0000	This plan of Correction cons	stitues	
	and State Licer	nsure Survey was			the written allegation of	•	
		the Indiana State			compliance for the deficient cited. However, submission		
	Department of				this plan of correction is not		
	I -	th 42 CFR 483.70(a).			admission that a deficience		
	accordance wit	111 42 CI K 403.70(a).			or that one was cited correct	tly.	
	Survey Date: 0	06/06/11			This Plan of Correction is submitted to meet requirem established by state and fed		
	 Facility Numbe	000274			law.Vernon Manor Children		
	1				Home desires this Plan of		
	Provider Numb				Correction to be considered	the	
	AIM Number:	100271660			facility's Allegation of Compliance.Compliance if		
	Surveyor: Amy	/ Kelley, Life Safety			effective on: 7/6/2011		
	Code Specialis	t					
	At this Life Saf	ety Code survey,					
		Childrens Home					
		in compliance with					
	· ·	for Participation in					
	Medicare/Medi						
	Subpart 483.7	0(a), Life Safety					
	from Fire and t	the 2000 edition of					
	the National Fi	re Protection					
	Association (N	FPA) 101, Life Safety					
		apter 19, Existing					
		ccupancies and 410					
	IAC 16.2.	capaneies and TIV					
	IAC 10.2.						
	This original so	ection of this one					
	story facility w	as determined to be					
	of Type II (111) construction and					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

KMES21

Facility ID:

000274

If continuation sheet

(X6) DATE

TITLE

AND PLAN OF CORRECTION IDENTIF		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A014	(X2) MULTIPI A. BUILDING B. WING	E CONSTRUC 01	CTION	(X3) DATE S COMPL 06/06/20	ETED
	PROVIDER OR SUPPLIER		195		SS, CITY, STATE, ZIP CODE VERNON STREET 46992		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		E	(X5) COMPLETION DATE	
	known as wing (111) construct sprinklered. The alarm system with detection in coopen to the constation battery detectors in the The facility has and had a cens of this survey. Quality Review by 1 Safety Code Special 06/10/11. The facility was compliance with aforementioned.	ne facility has a fire with smoke rridors, spaces rridors and single operated smoke e resident rooms. a capacity of 119 us of 89 at the time Robert Booher, REHS, Life list-Medical Surveyor on serious found not in h the					
K0061 SS=F	valves supervised alarm will sound w NFPA 72, 9.7.2.1 Based on obser interview, the f ensure 4 of 4 n off valves for th		K0061	hav valv a lo valv	s the policy of this facility to ve automatic sprinkler syst ves supervised so that at l ocal alarm will sound wher ves are closes.1. How will rective action be	ems east the	07/06/2011

		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LDING	01	COMPLETED	
		15A014	B. WIN			06/06/2	011
			_	STREET A	DDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER				1955 SC	OUTH VERNON STREET		
VERNON MANOR CHILDRENS HOME				1	H, IN46992		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	This deficient p	ractice affects all			accomplished for those resid		
	occupants.				found to have been affected	-	
	'				the practice? No residents w	ere	
	Finalinas includ				found to be affected by this	it.	
	Findings includ	e:			practice.2. How will the facil identify other residents havir	-	
					potential to be affected by th		
	Based on obser	vation with the			same practice?All residents		
	Maintenance Di	irector on			the potential to be affected b		
	06/06/11 at 12	2:00 p.m., the four			practice. None were found to	•	
	water shut off v	=			have been affected.3. What		
					measures will be put into pla	ce or	
	· ·	m were secured in			systematic changes made to		
	the open positi	on with a chain and			ensure that the deficient pra-		
	padlock. Based	d on an interview			will not recur?All Tamper swi	tches	
	and observation	n with the			were in place but were not		
	Maintenance Di	irector, all tamper			connected do to the		
		<u> </u>			consturuction.Plans were ma		
		n place but were			install sprinklers in the remain un-sprinkled portion of the	illig	
	not connected.				existing building during the		
					construction of the new addi	tion.	
	3.1-19(b)				The plans for the new		
					construction called for a new	fire	
					panel and it was intended to		
					interconnect the existing buil	ding	
					fire panel to the new panel for		
					complete system. The sprin	kler	
					work was completed in the		
					existing building first in order		
					provide the added fire protect		
					(especially during construction but when it was time to insta	* .	
					additional tamper alarms it w		
					determined the existing build		
					fire alarm panel did not have		
					enough spare alarm points a		
					did not meet current codes.		
					Therefore the best option wa	is to	
					eliminate the current fire par	iel	
					and upgrade the new addition	n	
					panel to service the entire		

000274

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	Γ OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A014	(X2) MUI A. BUILI B. WING	DING	01	(X3) DATE S COMPL 06/06/2	ETED
NAME OF PROVIDER OR SUPPLIER VERNON MANOR CHILDRENS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1955 SOUTH VERNON STREET WABASH, IN46992				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	P	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
					building. In order to do this a existing devices must be chain order to be compatible with new up to date, code complia fully addressable fire panel. Of the sprinkler system in the existing building was comple the main valves at the riser wopened and chained with a padlock. The system was teand also inspected by the Wabash Fire Department (Fillnspector – Carl Hall). The risi located in a closet with a closet door. Access to the closet is the outside through a locked or from the therapy room, whis also a locked door. There access for residents or the general public to this area. A documented in-service training Exhibit A) session was conduted for staff to familiarize them with the new equipment and procedures. There are only keys to the padlock and they kept in Maintenance Department of the maintenance supervisor, during his daily rounds, checks the doors and riser closet. This is a very seand often checked area. Ever was known that a new fire parawas needed, the alternative to locking the valves would be twait until the new fire panel is place and all the devices are changed before energizing the sprinkler system. Since we wunder construction, it seemed more prudent to have the addiffer protection for the existing	inged in the ant, once ted, vere sted from door nich is no and it in anel to not o in the evere dided	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A014	(X2) MULTIPLE CO A. BUILDING	NSTRUCTION 01	(X3) DATE SURVEY COMPLETED 06/06/2011		
	PROVIDER OR SUPPLIER		B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1955 SOUTH VERNON STREET WABASH, IN46992				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
K0130	OTHER LSC DEF	ICIENCY NOT ON 2786		building and risk the very rer possibility that someone wou intentionally or inadvertently tamper with padlocked, chai valves, in a secure closet be locked doors. In addition the system put in place by the facility. The installing comparairchild Communication, puplace a tag sytems with tag numbers recorded by their sbe moniotor by their staff for potential tampering that miglioccur with system. The total alarm system, including the tamper switches, is presently scheduled to be completed buly 6, 2011. (Exhibit B) 4. will the facility monitor its corrective actions to ensure the practice will not recur? At the total fire alarm systems including the tamper switches will be electronically supervised reports regarding monitoring will be brought to monthly QA by Maintenance Director on going. Vernon Marespectfully is submitting the above information asas an II this citation.5. Date of Compliance: 7/6/2011	aned hind ethe any, it into taff to any it fire / / / / / / / / / / / / / / / / / / /		
SS=D	Based on recor interview, the f ensure 2 of 6 w current inspect	d review and	K0130	It is the policy of this facility is ensure water heaters are inspected to ensure the water heaters are in safe operating condition.1. How will correct action be accomplished for the residents found to have been	er J ve hose		
	<u> </u>						

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ty ID: 000274

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 02 A. BUILDING 15A014 06/06/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1955 SOUTH VERNON STREET VERNON MANOR CHILDRENS HOME WABASH, IN46992 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE affected by the practice. No safe operating condition. NFPA resident were effected by this 101 in 19.1.1.3 requires all health practice.2. How will the facility facilities to be maintained and identify other residents having the operated to minimize the potential to be affected by the dame practice? All residents had possibility of a fire emergency the potential to be affected. None requiring the evacuation of were found to have been residents. This deficient practice affected.3. What measures will be was not in a resident care area but put into place or systematic changes made to ensure that the could affect any number of staff. practice will not recur? As documented in a statement by Findings include: David Scherer, Boiler & Pressure Vessel Inspector, Indiana Department of Homeland Based on record review with the Security, (Exhibit C) the facility Maintenance Director on made every effort to comply with 06/06/11 at 12:05 p.m., the this regulation. However they are not in control of government Certificate of Inspection for each agencies who did not respond in of the laundry room gas fueled a timely manor. The inspection water heaters with registration was completed on 06/07/2011 (exhibit D) The facility will numbers 286304 and 267793 continue to notify the government expired on 04/28/11. Based on agency of the inspection date in a interview with the Maintenance timely manor. The maintenance Director, he requested an director will notify the ED 1 month in advance of the date the inspection thirty days prior to the inspection will be needed. He will expiration date but to date, the further document time, date, and water heaters have not received an person spoke with at the department of Home Land inspection. Security 2 months before due date. One month before due 3.1-19(b)dated, Follow up calls will be made and documented every week until inspections are completed.4. How will the facility monitor its corrective actions to ensure that the practice will not recur?The maintenance director

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AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A014	(X2) MU A. BUII B. WIN		O2	(X3) DATE S COMPL 06/06/20	ETED
VERNON	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1955 SOUTH VERNON STREET WABASH, IN46992				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	(X5) COMPLETION DATE
K0144 SS=F	exercised under lomonth in accordant 3.4.4.1. Based on observinterview, the frequency of 1 error generators was remote manual requires emerging providing power lighting system tested and main accordance with Standard for English 1.5.	vation and acility failed to mergency equipped with a stop. LSC 7.9.2.3 ency generators or to emergency s shall be installed, ntained in n NFPA 110, nergency and Systems. NFPA	KO)144	will notify the ED 1 month in advance of the date the inspection will be needed. H further document time, date, person spoke with at the department of Home Land Security 2 months before dudate. One month before dudate. One month before dudated, Follow up calls will be made and documented every week until inspections are completed. Results of monitivill be brought to monthly QA starting 2 months in advance due date. Because the facility made every effort to comply this regulation and have no control of government agenciate we are respectfully requestin IDR.5. Date of compliance: 7/6/2011 It is the policy of this facility to inspect generators weekly an exercise under load for 30 minutes.1. How will corrective action be accomplished for the residents found to have been affected by this practice? No residents were affected by the same practice. All residents having potential to be affected. No were found to have been affected.3. What measures we be put into place or systematic changes made to ensure that	e / oring A. of with ies, g an ond /e hose is ity g the e ad lone will ic	07/06/2011

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15A014			A. BUII	LDING	NSTRUCTION 02	(X3) DATE: COMPL 06/06/2	ETED
NAME OF PROVIDER OR SUPPLIER VERNON MANOR CHILDRENS HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			B. WIN	STREET A 1955 SC WABAS	ADDRESS, CITY, STATE, ZIP CODE OUTH VERNON STREET SH, IN46992	<u> </u>	210
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	have a remote of a type similar station located housing the primary, Standard for and Use of State Engines and Gardition, at 8–2 engines of 100 more have providown the enging from a remote deficient practic occupants. Findings includes Based on observation occupants. Findings includes Based on observation occupants. Findings includes Based on observation occupants includes Based on observation occupants. Findings includes Based on observation occupants includes Based on observation occupants. Findings includes Based on observation occupants includes Based on observation occupants. Findings includes Based on observation occupants includes Based on observation occupants. Findings includes Based on observation occupants includes Based on observation occupants. Findings includes Based on observation occupants includes Based on observation occupants.	horsepower or vision for shutting he at the engine and location. This ce could affect all e: e: vation with the frector on high a tour of the 1:20 a.m. to 2:00 y did not have a 1 stop for the 1:			practice will not recur?The fahas contracted with Clarke F Services, Inc. for the installa of the emergency stop switch the antisipated completion of 6/24/11 (exhibit E) 4. How we facility monitor its corrective actions to ensure that the provill not recur?Maintanence Director will include monitor the remote stop switch in the weekly pm program for the emergency generator. Resuth this monitoring will be broug monthly QA on going. 5. Da Compliance:7/6/11	Power tion h with ate of vill the actice ng of e	

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING	NSTRUCTION 02	(X3) DATE SURVEY COMPLETED
		15A014	B. WING		06/06/2011
NAME OF F	ROVIDER OR SUPPLIER		I	ADDRESS, CITY, STATE, ZIP CODE OUTH VERNON STREET	
	I MANOR CHILDRE		I	6H, IN46992	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION
TAG		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	TE DATE
	3-1.19(b)				